

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/07/05

FILING DATE

APPLICANT(S)

**CLAIMS**

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
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16						66
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18						68
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37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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TOTAL DEP.				
TOTAL CLAIMS				